



MASTER LICENSE SERVICE
DEPARTMENT OF LICENSING
PO BOX 9048
OLYMPIA WA 98507-9048
PHONE: (360) 664-1400
www.dol.wa.gov

UBI
Liquor/Lottery Lic. No. (Office Use Only)

For Validation Only

01P-400-925-0003

CHANGE IN CORPORATE OFFICERS AND/OR STOCK OWNERSHIP

List fee amount next to each license you hold and enter total fees due in the box below

TYPE OF LICENSE HELD/FEE	AMOUNT DUE
Liquor..... \$75.00 Change in more than 10% of stock or election of new officers	\$
Lottery..... \$25.00 Change in 10% stock or more (no fee for corporate officer change).	\$
Gambling.... \$55.00 Change in stock of 10%-50% (no fee for corporate officer change). Note: Contact the Gambling Commission if the change is greater than 50%.	\$
Make check payable to the WASHINGTON STATE TREASURER. TOTAL AMOUNT DUE	\$

Note: Corporate officer changes should also be filed with the Washington Secretary of State.

CORPORATE INFORMATION				
Corporate Name as registered with the Washington Secretary of State				UBI No.
Corporation Mailing Address: (Street or Route)		City	State	Zip Code
Contact Name: (Last, First, Middle)		Contact Telephone No. ()		
CORPORATE OFFICERS At the completion of this corporate change, the officers will be as follows:				
PRESIDENT	Name: (Last, First, Middle)		Birth Date	Social Security No.
	Home Address: (Street or Route)		City	State
	Name of Spouse: (Last, First, Middle)		Zip Code	Telephone No. ()
VICE PRESIDENT	Name: (Last, First, Middle)		Birth Date	Social Security No.
	Home Address: (Street or Route)		City	State
	Name of Spouse: (Last, First, Middle)		Zip Code	Telephone No. ()
SECRETARY	Name: (Last, First, Middle)		Birth Date	Social Security No.
	Home Address: (Street or Route)		City	State
	Name of Spouse: (Last, First, Middle)		Zip Code	Telephone No. ()
TREASURER	Name: (Last, First, Middle)		Birth Date	Social Security No.
	Home Address: (Street or Route)		City	State
	Name of Spouse: (Last, First, Middle)		Zip Code	Telephone No. ()

If necessary, attach additional sheets using the same format as shown above

Please continue on to the next page.
Your signature is required on page 2.



STOCK OWNERSHIP

Total Stock Authorized	Number of Shares Issued	Par Value per Share
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LIST STOCKHOLDERS AND STOCK CERTIFICATES

Please complete all of the following. Start with certificate number 1. If more space is needed, attach additional sheets using the same format.

Name of Stockholder: (Last, First, Middle)				Social Security No.		Birth Date	
Home Address: Street or Route City State Zip Code				Name of Spouse: (Last, First, Middle)			
Number of Shares Owned		% Owned		Date(s) Issued or Enter "Pending" if Not Yet Issued			

Name of Stockholder: (Last, First, Middle)				Social Security No.		Birth Date	
Home Address: Street or Route City State Zip Code				Name of Spouse: (Last, First, Middle)			
Number of Shares Owned		% Owned		Date(s) Issued or Enter "Pending" if Not Yet Issued			

Name of Stockholder: (Last, First, Middle)				Social Security No.		Birth Date	
Home Address: Street or Route City State Zip Code				Name of Spouse: (Last, First, Middle)			
Number of Shares Owned		% Owned		Date(s) Issued or Enter "Pending" if Not Yet Issued			

Name of Stockholder: (Last, First, Middle)				Social Security No.		Birth Date	
Home Address: Street or Route City State Zip Code				Name of Spouse: (Last, First, Middle)			
Number of Shares Owned		% Owned		Date(s) Issued or Enter "Pending" if Not Yet Issued			

Name of Stockholder: (Last, First, Middle)				Social Security No.		Birth Date	
Home Address: Street or Route City State Zip Code				Name of Spouse: (Last, First, Middle)			
Number of Shares Owned		% Owned		Date(s) Issued or Enter "Pending" if Not Yet Issued			

Name of Stockholder: (Last, First, Middle)				Social Security No.		Birth Date	
Home Address: Street or Route City State Zip Code				Name of Spouse: (Last, First, Middle)			
Number of Shares Owned		% Owned		Date(s) Issued or Enter "Pending" if Not Yet Issued			

Please note: Additional forms or documents may be required by the individual agency
Liquor Control Board: (360)664-1600 • Lottery: (360)753-2155 • Gambling: (360)438-7654 ext. 300

CERTIFICATION

Under penalty of perjury, I hereby certify there have been no changes in officers or stockholders that have not been reported, and that each officer and stockholder is the real party in interest with respect to his/her position and is not acting directly or indirectly as agent, employee or representative of any other person not reported. The undersigned certifies on behalf of the corporation that it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.

FOR GAMBLING ONLY: Elected Chief Executive must sign below.

Name (please print) _____ Title _____

Signature **X** _____ Date _____